

Level \_\_\_\_\_ Type \_\_\_\_\_ -  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Course # \_\_\_\_\_ Location \_\_\_\_\_



# Idaho EMS Bureau

## TRAINING COURSE MAKE UP & REMEDIATION SHEET

(for instructor use)

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

I verify that the information on this document is true and correct.

Course Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_  
 <coordinator first name & coordinator last name>